## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

## **DOCUMENT # P99000093027**

1. Entity Name

QUADRANT TECHNOLOGY, INC.



FILED May 03, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business 11655 CENTRAL PARKWAY SUITE 305 JACKSONVILLE, FL 32224 Mailing Address

11655 CENTRAL PARKWAY SUITE 305 JACKSONVILLE, FL 32224



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3604815 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

PATTERSON, BETH W CPA 1304 GLENGARRY ROAD JACKSONVILLE, FL 32207

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing  Trust Fund Contribution.  \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEMIRE, JOSEPH 12938 PLANTERS CREEK CIRCLE JACKSONVILLE, FL 32224				U00000155119 05/05/04-80025-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINCOMB, MYRON 4398 RIPKEN CIRCLE E JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		IN	THIS SPACE
TITLE NAME STREET ADDRESS City-St-zip					
TITLE					
NAME					
STREET ADDRESS City-St-zip					
12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					